



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Cruz-Hernandez, Juan M

SERIAL/PATENT NO.: 10/792,279

FILING/ISSUE DATE: March 4, 2004

TITLE: Haptic Devices Having Multiple Operational Modes Including At Least One Resonant Mode


EXAMINER:

ART UNIT:

---

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service as First Class  
Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA  
22313-1450, on the date printed below:

Date: 9/12/05 Name:   
Monica Pizarro

---

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CHANGE OF ATTORNEY DOCKET NUMBER**


Please change the Attorney Docket No. for this patent application to:

**IMMR-0183**

Please amend the appropriate records to reflect this Attorney Docket Number.

Respectfully submitted,  
THELEN REID & PRIEST LLP

Dated: 8/13/05

  
David B. Ritchie  
Reg. No. 31,562

**CHANGE OF  
CORRESPONDENCE ADDRESS**

Application

Address to:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450.

Application Number

10/792,279

Filing Date

March 4, 2004

First Named Inventor

Cruz-Hernandez, Juan M

Art Unit

Examiner Name

Attorney Docket Number

IMMR-0183

Please change the Correspondence Address for the above-identified application to:

The address associated with  
Customer Number:

OR

Firm or  
Individual NameThelen Reid & Priest LLP  
David B. Ritchie

Address

P.O. Box 640640

City

San Jose

State CA

Zip 95164-0640

Country

USA

Telephone

408.292.5800

Fax

408.287.8040

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 31,562
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_.

Signature

Typed or Printed  
Name

David B. Ritchie

Date

8-13-5

Telephone 408.292.5800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.